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Atty Docket No. 016866-006211US

PTO FAX NO.: 1-703-872-9306

ATTENTION: Examiner Tung S. Lau

Group Art Unit 2863

OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER Tung S. Lau

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of Chris D. Paulse, et al., Application No. 10/669,499, filed September 23, 2003 for METHOD FOR ANALYZING MASS SPECTRA are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal
2. Petition for 2-month extension of time
3. Request for Reconsideration

Number of pages being transmitted, including this page: 8

Dated: February 14, 2005


Patrick R. Jewell

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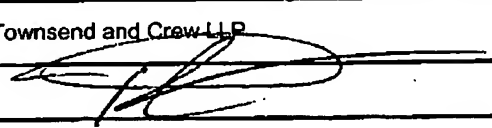
TOWNSEND and TOWNSEND and CREW LLP
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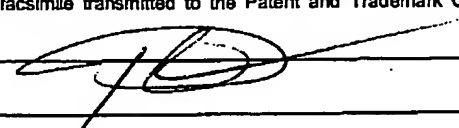
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PTO/SB/21 (09-04)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/669,499
	Filing Date	September 23, 2003
	First Named Inventor	Paulse, Chris D.
	Art Unit	2863
	Examiner Name	Tung S. Lau
Total Number of Pages in This Submission	Attorney Docket Number	016866-006211US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Patrick R. Jewik		
Date	February 14, 2005	Reg. No.	40,456

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Typed or printed name	Patrick R. Jewik	Date	February 14, 2005

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